

24.a. Transportation and other services to assure access to covered services:

- Medical transportation must be to or from the site of a covered service to a recipient to be eligible for payment.
- Transportation of a recipient between providers is a covered service with the following limitations:
 - 1) Transportation between two long term care facilities must be medically necessary because the health services required by the recipient's plan of care are not available at the long term care facility where the client resides. There are two exceptions:
 - a) it is an emergency; or
 - b) due to the severe winter and spring of 1997, it is necessary to return a recipient to his or her original long term care facility or to a long term care facility closer to the original facility. This subitem expires February 1, 1998.
 - 2) Transportation between two hospitals must be to obtain a medically necessary service that is not available at the hospital where the recipient was when the medical necessity was diagnosed.
- Payment for transportation of a deceased person is limited to the following circumstances:
 - 1) If a recipient is pronounced dead after medical transportation is called but before it arrives, service to the point of pick-up is eligible for payment.
 - 2) If medical transportation is provided to a recipient who is pronounced dead on arrival, the medical transportation is eligible for payment.
 - 3) If a recipient is pronounced dead before medical transportation is called, medical transportation is not eligible for payment.

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24.a. Transportation and other services to assure access to covered services: (continued)

- To be eligible for the medical assistance payment rate as a life support transportation, the life support transportation must comply with the following:
 - 1) The provider must be licensed under Minnesota Statutes, §§144.802 and 144.804.
 - 2) The recipient's transportation must be in response a 911 emergency call, police or fire department, or an emergency call received by the provider.
 - 3) The medical necessity of the service must be documented by the state report required under Minnesota Statutes, §144.807.
 - 4) Life support transportation that responds to a medical emergency is eligible for payment for no load transportation only if the life support transportation provided medically necessary treatment to the recipient at the pick-up point of the recipient. The payment is limited to charges for transportation to the point of pick-up and for ancillary services.
- Special transportation is a covered service if the provider receives and maintains a current ~~physician's~~ order by the recipient's attending physician, physician assistant, nurse practitioner, or clinical nurse specialist certifying that the recipient has a physical or mental impairment that would prohibit the recipient from safely accessing and using a bus, taxi, other commercial transportation, or private automobile.

Such a recipient must not require life support transportation.

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24.a. Transportation and other services to assure access to covered services: (continued)

Special transportation includes driver-assisted service. Driver-assisted service includes:

- 1) passenger pickup at and return to the recipient's residence or place of business;
- 2) assistance with admittance of the recipient to the medical facility; and
- 3) assistance in recipient securement or in securing of wheelchairs or stretchers in the vehicle.

Payment eligibility of special transportation is subject to the following limitations:

- 1) The special transportation and special transportation to reach a health service outside the recipient's local trade area is provided to a recipient who has been determined eligible for special transportation because of physical or mental impairment.
 - 2) The cost of special transportation of a recipient who participates in a day training and habilitation program is not eligible for reimbursement on a separate claim for payment if transportation expenses are included in the per diem payment to the intermediate care facility for the mentally retarded.
- Transportation by air ambulance shall be eligible for medical assistance payment if the recipient has a life threatening condition that does not permit the recipient to use another form of transportation.
 - The following costs related to transportation are not eligible for payment as medical transportation:
 - 1) Transportation of a recipient to a hospital or other site of health services for detention that is ordered by a court or law enforcement agency except when life support transportation is a medical necessity;

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24.a. Transportation and other services to assure access to covered services: (continued)

- 2) Transportation of a recipient to a facility for alcohol detoxification that is not a medical necessity;
 - 3) No load transportation except as allowed for life support transportation;
 - 4) Additional charges for luggage, stair carry of the recipient, and other airport, bus, or railroad transportation services;
 - 5) airport surcharge;
 - 6) federal or state excise or sales taxes on air ambulance services;
 - 7) transportation of a recipient to a non-covered service (e.g., grocery store, health club, place of worship); and
 - 8) extra attendant charges for a personal care attendant accompanying a recipient.
- Local agencies approve payment from administrative funds for meals, lodging, or interpreters for the hearing impaired when such services are necessary to obtain necessary covered MA services.

STATE: MINNESOTA

ATTACHMENT 3.1-A

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24.b. Services of nurses in religious nonmedical health care institutions.

- Not provided.

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24.c. Care and services provided in religious nonmedical
health care institutions.

- Provided with no limitations.

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ATTACHMENT 3.1-A

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Page 73

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24.d. Nursing facility services for patients under 21 years
of age:

- Same service limitations apply as those listed in
item 4.a., Nursing facility services.
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ATTACHMENT 3.1-A

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24.e. Emergency hospital services:

- Emergency services means those medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain. Until July 1, 2001, emergency hospital services includes telemedicine consultation services as described in item 5.a., physicians' services (but only via two-way interactive video).
- An outpatient hospital service that is not an emergency but is provided in an area that is designated, equipped, and staffed for emergency services is not eligible for payment as an emergency outpatient hospital service.
- An outpatient hospital service that is not an emergency and which is provided in an area of an outpatient hospital which is advertised, represented, or held out to the public as providing acute, episodic care similar to services provided by a physician-directed clinic is not eligible for payment as an emergency outpatient hospital service.
- Medical records must document that an emergency existed at the time the service was rendered.

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25. Home and community care for functionally disabled elderly individuals, as defined, described, and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

● Not provided.

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26. Personal care services.

Personal care services are provided by personal care provider organizations or by use of the fiscal agent option.

A. Personal care provider organizations

Personal care services provider qualifications:

- Personal care assistants must be employees of or under contract with a personal care provider organization within the service area. If there are not two personal care provider organizations within the service area, the Department may waive this requirement. If there is no personal care provider organization within the service area, the personal care assistant must be enrolled as a personal care provider.
- If a recipient's diagnosis or condition changes, requiring a level of care beyond that which can be provided by a personal care provider, non-Medicare certified personal care providers must refer and document the referral of dual eligibles to Medicare providers (when Medicare is the appropriate payer).
- Effective July 1, 1996, personal care assistant means a person who:
 - a) is at least 18 years old, except for persons 16 to 18 years of age who participated in a related school-based job training program or have completed a certified home health aide competency evaluation;
 - b) is able to effectively communicate with the recipient and the personal care provider organization;
 - c) is able to and provides covered personal care services according to the recipient's plan of care, responds appropriately to the recipient's needs, and reports changes in the recipient's conditions to the supervising registered nurse qualified professional. For the purposes of this item, "qualified professional" means a